

SECRET

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>		DATE	FILE NO. 2500
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	
ATTN:		OFFICIAL COVER	ESTABLISHED
REF:			DISCONTINUED
SUBJECT  DAVID ATLEE PHILLIPS		UNIT	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		EAA: CATEGORY I _____ CATEGORY II _____	
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK	
EAA: CATEGORY I _____ CATEGORY II _____			
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY (CONTINUE)			
AUG 72-14 JUNE 73 _____ 15 JUNE 73-21 JULY 73-HQS-STATE/INTEGRATED 22 JULY 73-24 MARCH 75-HQS-STATE/NOMINAL 25 MARCH 75-HQS/OVERT			
DISTRIBUTION: COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SR&CD COPY 4 - OC-DO/TFB COPY 5 - CCS-FILE		G. A. Christon, Jr. CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF	